



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

INTEGRA SPECIALTY GROUP PA  
8108 FOX CREEK TRAIL  
DALLAS TX 75249

#### **Respondent Name**

MITSUI SUMITOMO INSURANCE USA

#### **Carrier's Austin Representative Box**

Box Number 19

#### **MFDR Tracking Number**

M4-11-3660-01

#### **MFDR Date Received**

June 23, 2011

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary as stated on the Request for Reconsideration:** "The carrier (Cor-Vel) pre-authorized physical therapy for 12 treatment sessions...for period 4/19/10 to 5/28/10. However, an extension was granted to cover the dates of service until 8/2/10...Attached is an e-mail conversation between HCP representative, and pre-authorization representative, verifying the dates of service 6/15/10 to 7/28/10 are covered. The physical therapy sessions were completed but all twelve dates of service remain unpaid..."

**Amount in Dispute:** \$3,183.01

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The carrier notes that some physical therapy was preauthorized for a period from April 19, 2010 through May 28, 2010. All dates of service involved in the present dispute occurred after that time period. Pre-authorization was subsequently given for 2 sessions of therapy from July 29, 2010 through August 4, 2010. The requestor seemingly sought approval on August 2, 2010 for services rendered from June 15, 2010 through July 28, 2010, but the carrier cannot pre-authorize treatment after it has already occurred."

**Response Submitted by:** Flahive, Ogden & Latson; PO Drawer 201329; Austin TX 78720

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 28, 2010 July 14, 15, 16, 21, 22, 23, and 28, 2010	CPT codes 97032, 97035, 97110, 97112, 97140	\$2,617.44	\$2,612.48
July 1, 2010 July 7, 2010	CPT codes 97032, 97035, 97110 CPT codes 97032, 97110, 97112, 97140	\$241.25 \$309.09	\$241.24 \$308.47
July 1, 2010	CPT code 99211	\$ 15.23	\$ 15.23
TOTAL DUE			\$3,177.42

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.600 requires preauthorization for physical therapy sessions.
3. 28 Texas Administrative Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits dated September 15, 2010 and October 6, 2010
  - 197 – payment adjusted for absence of precert/preauth, service delivered under OP PT care plan
  - W1 – workers' compensation state fee schedule adj

### **Issues**

1. Did the respondent support its denial reason of no preauthorization obtained?
2. Did the respondent pay correctly for CPT code 99211?
3. Is the requestor entitled to reimbursement?

### **Findings**

1. The respondent denied reimbursement for the physical therapy services rendered from June 28, 2010 to July 28, 2010 based upon "197 – payment adjusted for absence of precert/preauth."  
28 Texas Administrative Code §134.600 (p) (5) requires preauthorization for non-emergency health care to include physical therapy services. On April 20, 2010, the requestor received preauthorization for physical therapy 3x/week for 4 weeks with a start and end date of April 19, 2010 to May 28, 2010.  
28 Texas Administrative Code §134.600 (n) states, "The carrier shall not condition an approval or change any elements of the request as listed in subsection (f) of this section, unless the condition or change is mutually agreed to by the health care provider and carrier and is documented. 28 Texas Administrative Code §134.600 (f) states, The requestor or employee shall request and obtain preauthorization from the carrier prior to providing or receiving health care listed in subsection (p) of this section. Concurrent review shall be requested prior to the conclusion of the specific number of treatments..."  
The requestor submitted a copy of written correspondence addressed to Edward C Jones, claims specialist (Texas Remote Adjuster) that stated, "[IW] was approved for 12 sessions of PT to be completed from 4/19/10 to 5/28/10. He was having some personal issues that prevented him from attending PT until 6/15/10, including moving his residence and having to take care of the kids while his wife worked. He completed his PT from 6/15 – 7/28/10. We just need an extension covering those dates."  
On July 30, 2010, the requestor received preauthorization to extend the end date to August 4, 2010.  
Therefore, the respondent's denial reason is not supported and the services are eligible for reimbursement.
2. The respondent partially reimbursed CPT code 99211 based upon "W1 - workers' compensation state fee schedule adj." According to 28 Texas Administrative Code §134.203(c) (1), the maximum allowable reimbursement (MAR) is calculated as follows:  
CPT code 99211:  $54.32 \div 36.8729 \times \$19.66 = \$28.96$  minus carrier's payment of \$13.73 = \$15.23.
3. The requestor is entitled to reimbursement for the preauthorized physical therapy sessions as follows:  
CPT code 97032:  $54.32 \div 36.8729 \times \$17.09 = \$25.18 \times 2 \text{ units} = \$50.35$   
CPT code 97035:  $54.32 \div 36.8729 \times \$12.28 = \$18.09$   
CPT code 97110:  $54.32 \div 36.8729 \times \$29.33 = \$43.20 \times 4 \text{ units} = \$172.80$   
CPT code 97112:  $54.32 \div 36.8729 \times \$30.44 = \$44.84$   
CPT code 97140:  $54.32 \div 36.8729 \times \$27.48 = \$40.48$

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$ 3,177.42.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$3,177.42 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
August , 2012  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**